



- Use this form to apply for retirement as a firefighter member of the Firefighters' Retirement Fund.

Instructions

- Complete the form and send it to PERSI.

| Member Information | | | | | | | | | |
|---|--------------------|--|--|--|--|--|---------------------------------|--|--|
| Name (as it appears on your Social Security card) First : Middle : Last | | | | | | | Social Security Number : : : | | |
| Mailing Address | Street or P.O. Box | | | | | | | | |
| | City | | | | State | | Zip Code | | |
| Daytime Phone Number Area Code : Phone Number | | | | | Date of Birth Month : Day : Year | | | | |
| Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married | | | | | | | | | |
| Date Last Shift Ends Month : Day : Year | | | | | Effective Date of Retirement Month : Day : Year | | | | |
| Name of Last PERSI Employer | | | | | | | | | |

| Family Information | | | | | | |
|--|------------------------|--|--|----------------------------|--|--|
| Name | Social Security Number | | | Date of Birth (mm/dd/yyyy) | | |
| Spouse | | | | | | |
| | | | | | | |
| Unmarried Children Under the Age of 18 | | | | | | |
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| Member Certification | |
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| <p>I apply for retirement as a firefighter member of the Firefighters' Retirement Fund as administered by PERSI.</p> <p>As provided by Idaho Code Title 72 Chapter 14, as amended, I request the Retirement Board to pay my retirement benefit, the basis on which contributions have been withheld from my salary as provided in Idaho Code §72-1431.</p> | |
| Signature | Date |

